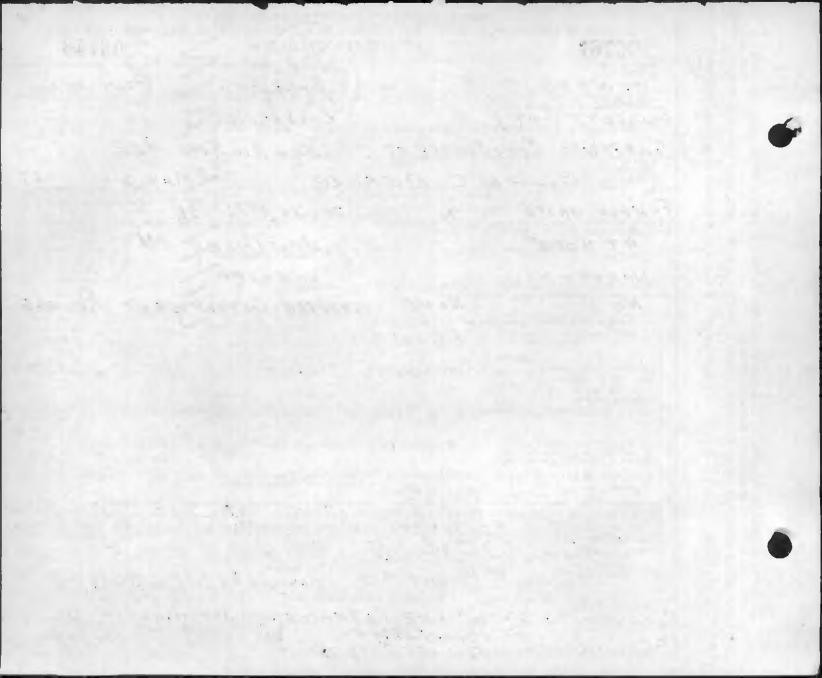
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
06761 CERTIFICATE OF DEATH
08748

UUEUL	OLICIA IOMI	L OF DEATH		00140
PLACE DF DEATH COUNTY				titution: Residence before admission
HOWARD	MARYLANO	MARYLAM	b. coun	BATIMORE
b. CITY DR TDWN (if outside corporate limit				to RURAL and give nearest town
write RURAL and give nearest town)		CATOMSVIL	1 =	87.5
d. NAME OF HOSPITAL OR INSTITUTION (IF no	ot in hospital, give street address)	d. STREET ADDRESS		9. IS RESIDENCE DN A FARM?
SHAFFERS MONKA	LESCENT	506 HIZ	TON AV	YES NO R
3. NAME DF FIRST DECEASED	Middle	Last 4.	DATE Month	Day Year
(Type or print) ELEN	C. BEAD	25	DEATH MAY	196/
5. SEX 6. COLOR OR RAGE 7. MAI	RRIED NEVER MARRIED	8. OATE OF BIRTH		Months Oays Hours Min.
TEMALE WHITE WID	OWED OIVORCED	DEC. 24, 187	5 9/ yrs.	montals days floars min.
during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11, BIRTHPLACE (County of	nes	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	-	14. MOTHER'S MAIDEN N.		
4		14. MUINER 3 MAIDEN IS	NWE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Addres	
(Yes, no, or unknown) (If yes give war or dates of service	A		Addres	D
NO		AFTERS GONU	ALESCEM.	THEWADS
18. CAUSE OF DEATH [Enter only one cause	e per line for (a), (b), and (c).]			ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	/ nan/ hox			1 more
OUE TO	6 .n. A			
Conditions, if any, which (b)	arcinoma	Vulva		D NEW 180
gave rise to immediate (cause (a), stating the OUE TO				
underlying cause last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CON	NTRIBUTING TO DEATH BUT NOT RELA	ATEO TO THE TERMINAL DISEA	SE CONDITION GIVEN IN F	PERFORMED?
701				YES NO K
PART II. OTHER SIGNIFIGANT CONDITIONS CON 20a. ACCIDENT WAS UNDERLYING [] : OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	206. DESCRIBE HOW INJURY OCCU	JRREO. (Enter nature of Injur	y in Part I or Part II of	Hem 18.)
3 20c. TIME OF INJURY Month, Day, Year	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm,	20f. (City or town)	(County) (State)
20c. TIME OF INJURY Month, Day, Year Hour a.m.	While Mot Walle M	ory, street, office bldg., etc.)		
	at work at work	15) 20 205	7 . 5 22	10/27 11 at (11) Years 1 1-1
21. I certify that (I) (this hospital) a		10,28 , 192/	M from the causes	_, 19©/_, that((!))(we) last and on the date stated above
saw the deceased alive on	19 - 7, allu tila	t death occorred att.	THI, ITOM THE GOOSES &	22b. DATE SIGNED
Stroman 2	Herbus M.		TOR PHYS.	5.22.67
22c. PHYSICIAN'S NAME (Type) Thomas F	Herbert, MD	46 Church R	d 911:47	46 to his
23a. BURIAL, CREMATION, 23b. DATE THEREC	OF 23c. NAME OF CEMETERY	Y OR CREMATORY 2	3d. LOCATION (City, to	wn or county) (State)
REMOVAL (Specify)	17 LAF COE	MATBRIUM	WASHING	TON DC.
24. FUNERAL DIRECTOR	ADDRESS	25a REC'D B	Y REGISTRAR 25b RE	GISTRAR'S SUGNATURE
F-CHICIWROTHOM.	FILLIOT TO COL	MAT Z	# 196/	iarles Judgen

and 2 death. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 22 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 20M 1/65

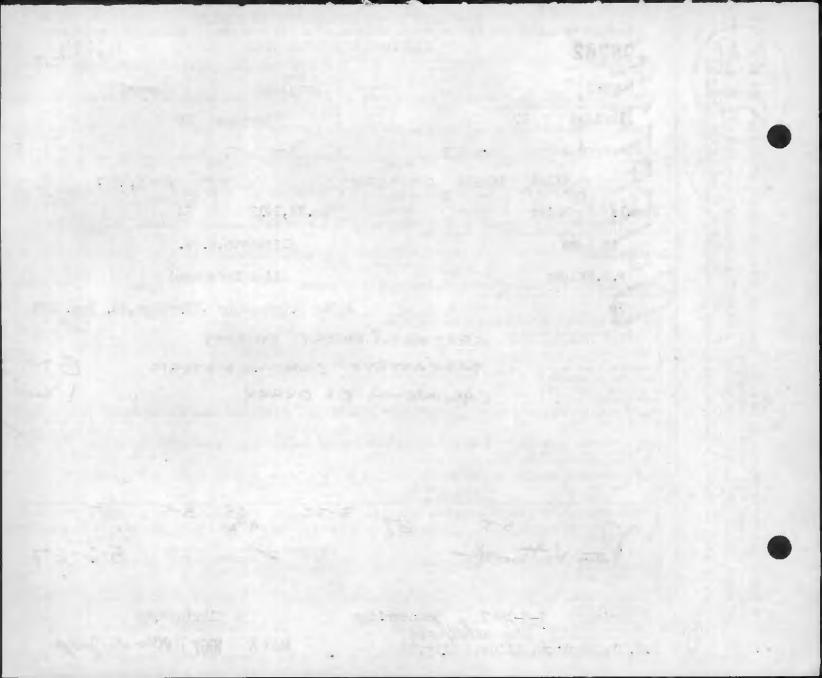


death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funage director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
OC762
CERTIFICATE OF DEATH

30/02	OLK III IGATE	OF DEATE		13331	43
1. PLACE DF DEATH	1	2. USUAL RESIDENCE	E (Where deceased lived,	If institution: Resi	dence before admission)
a. CDUNTY		a. STATE	b.	CDUNTY	
Howard	MARYLAND	Maryland		oward	
b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)	C. LENGTH OF STAY IN 1b	c. CITY DR TOWN (If	outside corporate limit	s, write RURAL an	d give nearest town)
Elkridge 27		Elkr	idge 27	13	1
d. NAME OF HOSPITAL DR INSTITUTION (if not in ho		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Sherwood Acres Box 27	1	Box	271		YES NO
3. NAME DF DECEASED (Type or print) RT.T.EN TOUTSE	Middle	Last	DF	Wonth -	Day Year
E CEN TOOLOG	CUNN INGHAM	. DATE OF BIRTH	Julian.		19 EARIIF UNDER 24 HRS.
5. SEX 6. CDLOR OR RACE 7. MARRIED	NEVER MARRIED 8.	. DATE OF BIRTH	last birth		ys Hours Min.
Female White WIDDWED		Mar. 15, 1913		rs.	
1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) IN	ND DF BUSINESS OR DUSTRY		ounty & State, or foreign co	untry) 12. CITI CDUI	ZEN OF WHAT NTRY?
At Home			eth, W. Va.		
13. FATHER'S NAME		14. MOTHER'S MAIE	EN NAME		
P.S.Malone		Alice	Underwood		
	DCIAL SECURITY ND. 17.	INFORMANT	A	ddress	
No No	Am	Jan D Cunni	ngham, Elkri	dea Md T	3ox. 271
1 18. CAUSE OF DEATH [Enter only one cause per lin		Ten D.Oumi	TIETICILI BILLI		INTERVAL BETWEEN
	^			4 7 1	DNSET AND DEATH
IMMEDIATE CAUSE (a)	2010RESSIRAT	TORY MY	YKEST		
/150 DUE TO					A
Conditions, If any, which	S	6 1			
gave rise to Immediate					
cause (a), stating the DUE TO	O PINOMIS	E OVARY	2		1 YOUT
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	INC TO DEATH BUT NOT RELAT	ED TO THE TERMINAL D	ISEASE CONDITION GIVE	N IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
401					YES NO
S DR CONTRIBUTING CAUSE OF DEATH	ESCRIBE HOW INJURY OCCUR	RED. (Enter nature of	injury in Part I or Part	II of Item 18.)	
20c. TIME DF INJURY Month, Day, Year 20d. th	factors	E OF INJURY (Home, fa y, street, office bidg., e		n) (County	y) (State)
20c. TIME DF INJURY Month, Day, Year 20d. IN Hour a.m. While at work	- MOT AAUTIE	y act cor, or neo blog. j o	,		
21. I certify that (I) (this hospital) attended		-22 1	965, to 5-5	. 1967	, that (I) (we) last
saw the deceased alive on 5-5	1967, and that	death occurred at	12AM, from the cau		
22a. SIGNATURE				22b. DAT	ESICNED
Vater V. Thou	M.D.		MED. STAFF PHYS.	D 5-6	2-67
22c. PHYSICIAN'S		22d. ADDRESS			
NAME (Type)					
23a. BURIAL, CREMATION, 23b. DATE THEREDF	23c. NAME OF CEMETERY	OR CREMATORY	1 23d. LDCATION (CI	ty, town or count	y) (State)
REMDVAL (Specify)	Meadowridge		Elkridge		
Burial 5-8-1967	ADDRESS	1 25a. REG	C'D BY RECISTRAR 25b		SICNATURE
- Hepulley	1 social	MAAV	1. 4007 W		3.01.00.01.00
F.C. Higinbothom, El/icott C	ity, Md	MART &	196/ /	lianes &	ue 3

VR A15 (4) 20M 1/65



Ttems 18-21 Film 389 MARYLAND STATE DEPARTMENT OF HEALTH CE-19-67 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEP PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY 2, and 3 to PM3. Page b. COUNTY HOWARD Maryland HOWARD b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) ate Departm 21227 Elkridge Elkridge d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? with form 1935 Furnace Avenue Furnace Avenue YES NO X Give Pages 3. NAME OF Middle Lost DATE Month Year DECEASED 31, MAURY JACKSON FUNK May 19 67 (Type or print) DEATH d 'pending' in pencil in Item 18. Give Chief Medicol Examiner's Office along 5. SEX 6. COLOR OR RACE 7. MARRIED 8 DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED lost birthday) Months Haurs White WIDOWED X DIVORCED Mar. 27.1907 Male 10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life even if retired) Elevator Opr. offer INDUSTRY COUNTRY? Tin and paper 60. Ft. Valley, Va. - LI 13. FATHER'S NAME hours Charles Funk File Not Known 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no or unknown) (If yes give war ar dates of service) within Marvin Funk, 5401 Miami Ct. Elkridge 27, Md 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN buriol-transit event PART I DEATH WAS CAUSED BY ONSET AND DEATH Gunshot wound of chest IMMEDIATE CAUSE (a) This certificate should the word DUE TO ony Conditions, if ony, which gove rise to immediate cause (a). = DUE TO stating the underlying cause 0 be forwarded gud last used 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) removol, YES KI NO 00 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of Item 18.) 3 should PRIMARY IX or CONTRIBUTING 5 should CAUSE OF DEATH Shot self in chest cremotion, 20c TIME OF INJURY Month Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Not While loctory, street, office bldg., etc.) Page While of work of work Elkridge Md. Poge home Howard 21. I certify that I took charge of the remains described above, held on Autopsy X. Inspection Inquiry and in my opinion deoth resulted from: Notural causes Accident Suicide 34 Homicide Undetermined manner refained DIREC CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER X 5 may be rel TO FUNERAL D Health prior SIGNATURE funeral DEPUTY MEDICAL EXAMINER **EXAMINER'S** Charles S. Springate, M.D. June 1, 1967 Address (Street, city, town, or county) NAME (Type) the 230 BURIAL CREMATION. 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify) Elkridge, Md Meadowridge Memorial Burial 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTQI VR A 15ME (5) Melianes 6M 1/67 F.C. Higinbothom, Ellicott

24 hours after death.

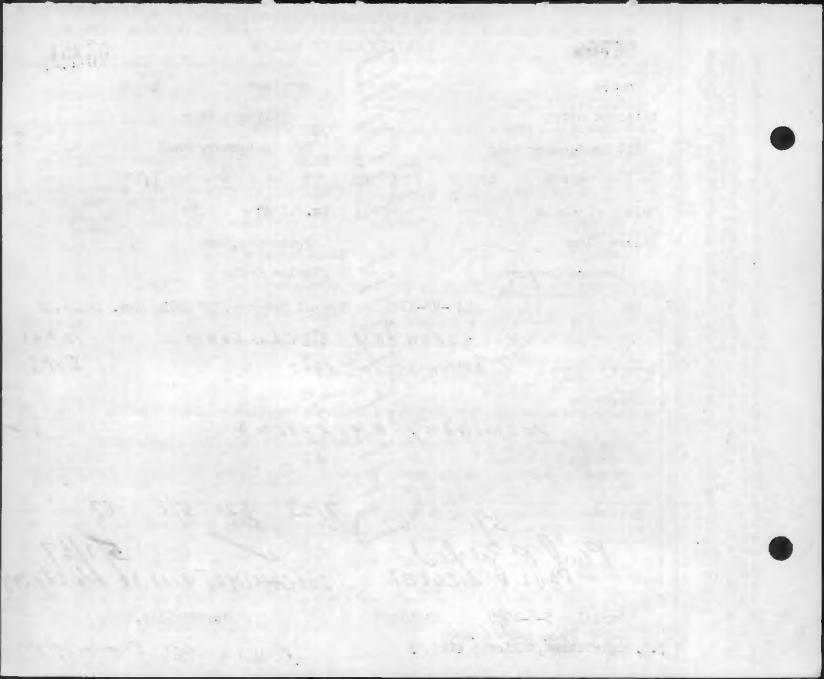
executed within

the funeral es 1- and 2 after coeth. Page TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compretely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pag should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OCHCI. CERTIFICATE OF DEATH

101	0 5		GERTIFICAT	F OL DEWIL				3/31	-
1. PLACE OF BEATI a. COUNTY Howard			MARYLANO	2. USUAL RESIDENT a. STATE Marylan	d	b. cou	ard		
b. CITY DR TOW	N (if outside corporate and give nearest town	e limits, c	LENCTH OF STAY IN 1b	c. CITY OR TOWN (III	cott C		rite RURAL	and give neares	t town)
		N (if not In hosp	Ital, give street address)					e. IS RES	IOENCE ADM2
629 Mc	ntgomery Ro	ad		629 Mon				YES 🗌	NOX
3. NAME DF DECEASED (Type or print)	CRUIS	cars on	Middle GREGORY	Last	4. DATE DF DEATH		1967	Oay Yea	
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. OATE OF BIRTH	9.	AGE (In years last birthday)		Days Hours	1 Min.
Male	White	WIDOWED	DIVORCED	Mar. 8, 1917		50 yrs.	11.011.01		1111111
10a. USUAL OCCUPAT during most of work Kaiser A	ION (Cive kind of work of ing life, even if retired large)	lone 10b. KINI I) INDU	OF BUSINESS OR JSTRY	Pressme			y) 12. CI CO	TIZEN OF WHAT OUNTRY?	
13. FATHER'S NAM				14. MOTHER'S MAIL	DEN NAME				
Leon	ard Gregory	7		Parlee S	eals				
15. WAS DECEASED	EVER IN U.S. ARMED FOI (If yes give war or dates of	RCES? 16. SO	CIAL SECURITYNO. 17.	INFORMANT		Addre	ISS		
No No	(1) yes give war or dates of		-28-1145	Carroll Greg	orv.77	8 Oella	Ave.	Oella, Mo	3
	DEATH (Enter only one EATH WAS CAUSED BY:		for (a), (b), and (c).]	Beel	. 0	. /		INTERVAL BE	TWEEN
	IMMEDIATE CAUSE (a) CORON ARY OCCLUSION 12 MRS								
	OUE TO A DECEMBER OF THE OWNER OWNER OF THE OWNER						6VK	9.	
	Conditions, If any, which (b) ARTERIOSCLEROSKS							770	
underlying caus	cause (a), stating the OUE TO underlying cause last. (c)								
PARTIL OTHER	PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? PERFORMED? YES IN NOT								
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P. PULMOIYARY EMPHYSEMA. 20a. ACCIDENT WAS UNDERLYING DAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							of Item 18.		
			INV OCCURRED LOSS DE	ACE OF INNERVALORS	arm 1 20f	(City or town)	(Con	ntv) (S	State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While Not While at work at work							(1112)	, rato)	
	y that (I) (this hosp	ital)_at/ended		1/23 ,1	1962-to.	5/1	, 194	2, that (1) (v	
saw the de	ceased alive on	5/1	19 6 7, and tha	at death occurred at	224M, fr	om the causes			above.
22a. SICNATU	Sand P	Bull) - M.	O. PHYS.	DIRECTOR	STAFF PHYS.	22b. D	SIGNED 7	
22c. PHYSICH NAME (T		A. ZIE	GLER	200 CAES	THO	THILL.	DK 1	Ell cit	4/1/1
23a. BURIAL, CREM REMOVAL (Sp	ecify)		23c. NAME OF CEMETER	Y OR CREMATORY		OCATION (City,		unty) (S	tate)
Burl 24. FUNERAL DIR		20/1/01	Highland ADDRESS	25a. RI	C'D BY RECI	ersville	REGISTRAR	SSIGNATURE	
4	bothom, Elli	icott Ci		DATE	AAV Q	1967	Ochan	eles Jud	ge_
				- 14	MINI O	1001	7	11 0	

VR A15 (4) 20M. 1/65

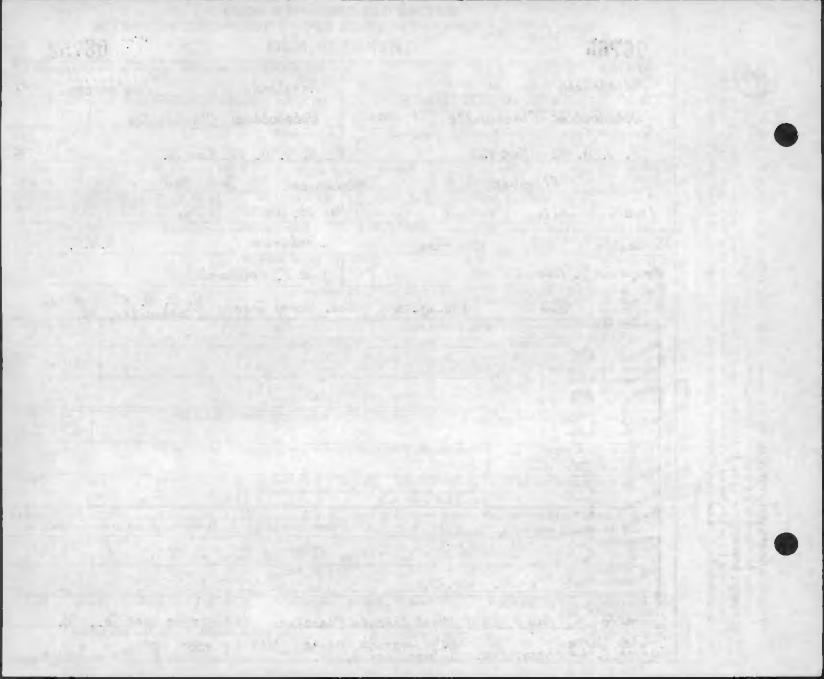


MARYLAND STATE DEPARTMENT OF HEALTH

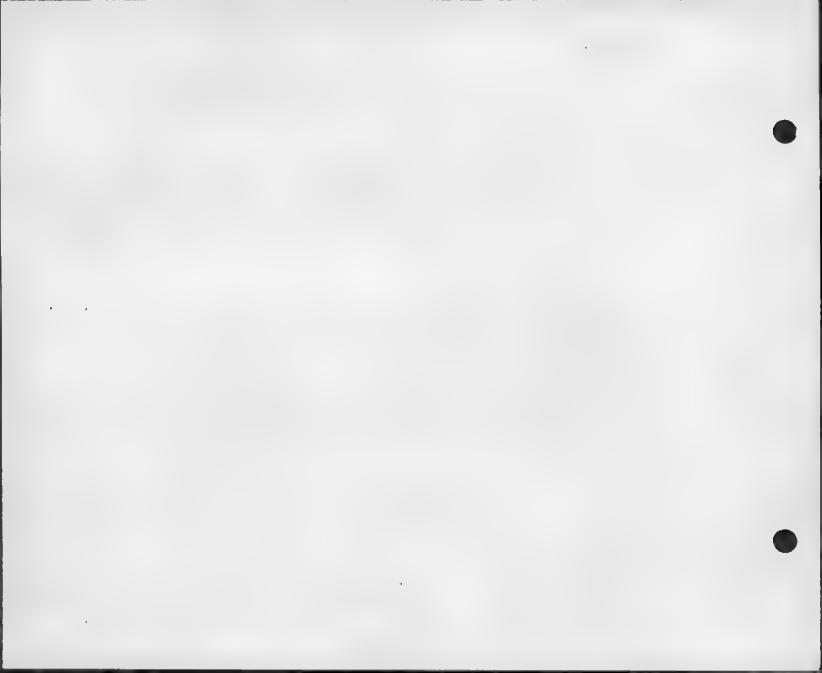
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 tems / La& 2a CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY a. COUNTY Montabhehl/ Howard MARYLAND c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 b. CITY OR TOWN (If autside corporate limits uear Cobocobbbac Clarksville Clareson e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) YES NO FC Box 122 DATE Year 3. NAME OF Middle Last Manth Day DECEASED OF lizabeth Mau 19 67 (Type or print) DEATH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH NEVER MARRIED 7. MARRIED last birthday) Manths Haurs Min. Mar 26, 1888 white enale DIVORCED WIDOWED 12. CITIZEN OF WHAT KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 10a. USUAL OCCUPATION (Give kind of work done QUNTRY A during most of working life, even if retired) INDUSTRY Own home L'ouisiana 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Benjamin J. Margot E. Reinhardt 17. INFORMANT 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Box 122 (Yes, na, agynknawn) (If yes give war or dates of service) Henry Greene Vone 579-60-5900 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c). ONSET AND BEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DIF TO Canditians, if any, which gove (b) rise to immediate couse (a), DUE TO stating the underlying cause last. WAS AUTOPS' PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(4) CERTIFICATION YES NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II of item 18.) 200. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Haur a.m. Not While at wark at wark that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram and that death accurred at 21 5 M, fram causes and an the date stated above. saw the deceased alive on 22b. DATE 22a. SIGNATURE ATTENDING DIRECTOR PHY5 M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCANON (City or Tawn) 33c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF (State) 23a. BURIAL, CREMATION, REMOVAL (Specify) Prince Georges May Fort Lincoln Crematory remation 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR FLINERAL DIRECTOR Georgia Avenue Milianifa

death. and filled in by the fulty papers. Pages 1 c hin 72 havrs after d executed within 24 haurs hin and campletely fil remave carban in any event, with and in any pup please physician the death certificate ar remayal, affending phys permit. crematian, signed by the burial-transit OR ATTENDING PHYSICIAN: The law requires that Page 4 may be retained by the haspital ar attending physician. burial, as the has been USe State Dept. of Health **DIRECTOR:** After this certificate ge 3 shauld be detached far ut directar, page 3 shauld shauld be filed with the TO FUNERAL

20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

9676	7		CERTIFIC	ATE	OF DEATH			1675	1	
O COUNTY				1 2	USUAL RESIDENCE (Where deced	sed lived, if institu		ce before od	mission)
Hon	ard		MARYLAN	ND		Larvl			11.	
D C I I OK TOWY	(If outside corporate imits, and give nearest tawn)		c LENGTH OF STAY IN T	b	CITY OR TOWN (1 o.			RAL and give	e nearest to	N's
Ellic	PITAL OR NSTITUTION (IF not		1 Month			n Bur	nie			Allera, Charles and Charles an
d NAME OF HDS	PITAL OR NSTITUTION (IF not	in haspital, g	ive street address)		STREET ADDRESS				e oi	RESIDENCE N A FARM?
Schaef	er's Mursing	Home		j	722 Wi	mner 1	Road		YES	
3 NAME OF DECEASED (Type or print)	Alice	t .	M ddle Elizabeth	P	losi ohlman	4 DATE OF DEATH	Mon		Doy 22.	Year 19 6-7
S SEX	6 COLOR OR RACE	7 MARR ED	NEVER MARRIED		DATE OF BIRTH		9 AGE (In years 6	IF UNDER 1		JNDER 24 HI
Female	White	W DOWED	D VORCED		S Sept.18	92	lost birthday)	Months	Days H	ours Mir
100 JSUAL OCCUPATI	ON (Give kind of work done		ND OF BUSINESS OR		I BIRTHPLACE (County				TIZEN OF WH	AT I
during most of working House	ng life, even if retired)	IN	Own Home		Baltim		UNTRY?			
13. FATHER'S NAME					MOTHER'S MAIDEN		Maryland	4	Ub-123	
C	harles Cook				Alic	e Iau	erence			
IS WAS DECEASED I	VER IN U.S. ARMED FORCES?	16	SOCIAL SECURITY NO	17 INF	RMANT	0 2011	Addr	ess		
(Yes, no, or unknown	(If yes give wor or dotes of	service)		lirs.	Ruth She	nnard	game of	, 2		
18 CAUSE OF	18 CAUSE OF DEATH (Enter only one couse per June for (o), (b), and (c).)					Prot G	same as	1		L BETWEEN
PART I D	PART I DEATH WAS CAUSED BY MMED ATE CAUSE (0) CEREBRAL VASCULOR						DUCH		ONSE!	AND DEATH
	DUE TO 1									
(anditions, if any, which gove) (b) to term & leiche Cordes Vinge for distance								10	721	
rise to immed	ate couse (o), (7
last		c)								
PART II OTHER	SIGN F CANT CONDITIONS CO	NTR BUT NG T	O DEATH BUT NOT RELATED	D TO THE	TERMINAL D SEASE CO	NDITION GIV	EN N PART 1(a)		PER	A JTOPSY FORMED?
TOO ACC DENT V	VAS JNDERLY NG 🗆	205 05	CO BE HOW IF HIDDA UCCHI	DDED (Ent	or not up of union in	Part Lar Pa	et II of store 19)		YES	NO [
OR CONTRIBUTION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAM.NER)									
문 Hour	20c TIME OF INJURY Month, Doy, Year Hour o m. Yhile Not While of work							State)		
	21 I certify that (1) (this hosp tol) attended the deceased from 1907 to 5.2-2 , 1962 that (1) (we)									
	saw the deceased alive on 5/4 1962, and that death occurred of 164 M, from couses and on the date stated about									
220 SIGNATUR	220 SIGNATURE 2									
1	MD PHYS D STAFF D 5-77 47									
22c. PHYSICIAN'S NAME (Type) Thomas F Herbert MD Gry Charlet L'Ucoty Cta fig ?1.5										
							(State)			
RIMOVAL (Spec	(fy) 25 May		Paltimore				7.1.1		1 1/	()
24 FUNERAL DIREC			ADDRESS		2So RECI	BY REGIST	RAR 25b R	G STRAR'S SI	GNATURE	
/= - K7 T	uneral Home,	07	Y/22222 353		marca h a	9/11	1 /T	an so	6H	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funerat director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbait pagess. Pages 1 and shauld be filed with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after and

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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	race of beath County Howard	MARYLAND	2. USUAL RESIDENCE (Whe	to CO INITY	loward		
	C TY OR TOWN (If outside carporote imits, write RURAL and give negrest found ty	c LENGTH OF STAY IN 15	city or town (For	rside carporote limits, write RURAL o	nd give nearest town)		
	d NAME OF HOSP TAL (If not in hasp tol, give street	oddress)	d STREET ADDRESS		e IS RESIDENCE ON A FARM?		
	Rt.2 Frederick Road		Rt.2 Frede	erick Road	YES NO 🖾		
		Middle Catherine	Scott	4. DATE Month OF DEATH May	Day Year 1+ 1967		
5	Female White Widow		Nov.3,1891	9 AGE (In years IF UNI lost birthday) 75 yrs	DER 1 YEAR F UNDER 24 HRS hs Days Hours Min		
10c	USUAL OCCUPATION (Give kind of wark dane during mast of working life, even if retired) At Home	KIND OF BUSINESS OR INDU	TRY 11. BIRTHPLACE (Stole of Howard Co		CITIZEN OF WHAT COUNTRY?		
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME			
	August Kertsen		Kather	ine Super			
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. s. no. or unknown) 1 (If yes, give war or dates of service)		FORMANT	Address			
	No	219-16-7776 M	s. John Redmo	nd,Rt.2 Ellicott	City, Md		
MEDICAL CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth, Day, Year 20d. I	CONTRIBUTING TO DEATH BUT		art I or Port II of item 18)	INTERVAL BETWEEN ONSET AND DEATH OF THE PROPERTY OF THE PROPER		
MED	p. m. 19 at wark of wark						
	saw the deceased a ive an May 1 220 S GNALIBY 220 PHYSICIAN'S	19.67, and that a	eath accurred at 1_A ATTENDING MEI PHYS X DIR	M, fram the causes and an	the date stated above 22h DATE SIGNED		
230	Burial, CREMATION, 23b DATE THEREOF REMOVAL (Spe-fy) Burial 5-19-1967	23c. NAME OF CEMETERY O	R CREMATORY	23d LOCATION (City, fown, or coun Baltimore . Md.	ty) (Stote)		
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS X	/ 250. REGIS		SIGNATURE		
F	.C. Higinbothom, Ellicott	City. Md	DATE	13 1961 Harr	anlas Judge.		



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

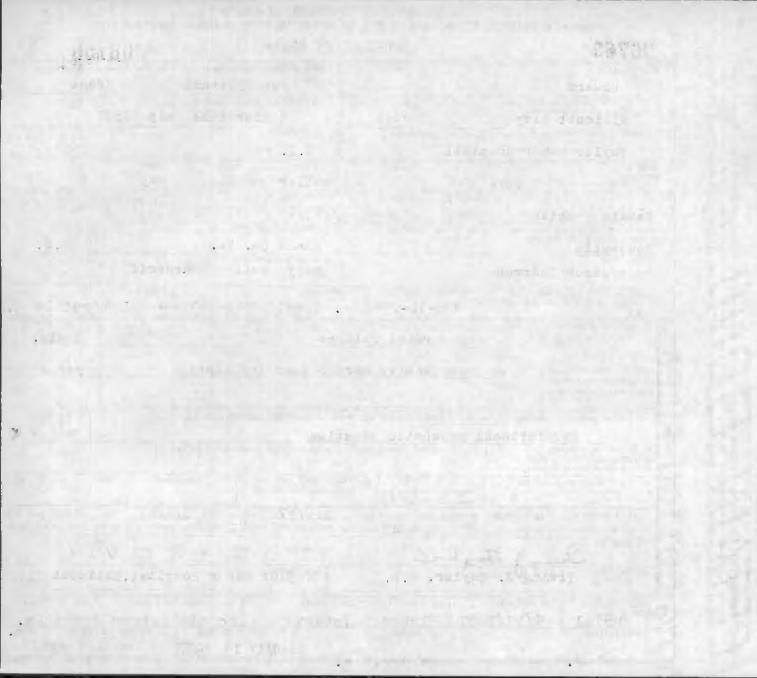
CERTIFICATE OF DEATH 06763 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission PLACE OF DEATH o. COUNTY b. COUNTY Pennsylvania Adams Howard MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Ellicott City Biglerville zip 17307 days d. STREET ADDRESS IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) R.D. #2 Taylor Manor Hospital NO 3. NAME OF Middle 4. DATE Month Year DECEASED 1967 Sponseller May Cora DEATH (Type or print) 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 7 MARRIEO NEVER MARRIEO birthdoy) Months Hours WIDOWED DIVORCEO Female White 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife COUNTRY? INOUSTRY U.S. Adams Co. Pa. 14. MOTHER'S MAIOEN NAME 13. FATHER'S NAME Mary (Molly) Deardorff Jacob Sharrah 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) ((If yes give wor or dates of service) 16. SOCIAL SECURITY NO. 17 INFORMANT Address 178-16-0382 Mr. Donald Sponseller Biglerville R. No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Myocardial failure IMMEDIATE CAUSE (6) DUE TO Hypertensive Cardio Vascular disease Conditions, if ony, which gove vears rise to immediate couse (a), **QUE TO** stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMEO? NO BO Involutional Psychotic Reaction 205, OESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) 20o. ACCIOENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Coy, Year Hour o.m. factory, street, affice blda., etc.) Not While at work 21. I certify that (1) (this haspital) attended the deceased fram. 5/8/67 19 67, and that death accurred at 9:40M. Pram causes and an the date stated above. saw the deceased alive an 220. SIGNATURE **OIRECTOR** M.O. 22c. PHYSICIAN'S Manor Hospital, Ellicott Taylor, NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (State) 23o. BURIAL, CREMATION REMOVAL (Specify)
Bur 1 a Flohrs Cemetery cKnightstown Adams 25b. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR 24. FUNERAL OIRECTOR Pa. lione an

death certificate be executed within 24 hours pleasa phy ar remayo cremation, signed by the burial-tronsit burial, been s the prior to 0.5 Use of Heolth certificate between detached TO FUNERAL DIRECTOR: A director, page 3 should director, page 3 should should be filed with the

remove carbon papers.

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CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE Maryland b COUNTY Baltimore o. COUNTY Howard MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write BURAL and nive negrest lown) Baltimore 21234 ove carban papers. e IS RESIDENCE ON A FARM2 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ond completely filled in 2526 Wycliffe Road Shaffers Convalescent Home NO X 3. NAME OF Middle 4. DATE Month Year First Lost DECEASED OF 19601 (Type or print) DEATH AGE (In years S. SFX 6. COLOR OR RACE NEVER MARRIED DATE OF BIRTH 7. MARRIED log berthdoy) Months Hours July 11, 1873. Female White DIVORCED WIDOWED in air 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done USA physician on pleose Illinois pup 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME signed by the ottending physi burial-transit permit. Then pl burial, crematian, or removal, Eli B. Wantz Charlotte Rineman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no or unknown) (If yes give wor or dotes of service) Mr. Gideon H. Steffey (Same) 215-50-6132 INTERVAL BETWEEN TB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART 1. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (a). DUE TO stoting the underlying couse as the prior to peen PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPS has PERFORMED? Health USB YES NO certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH After this certif d be detached Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) 20e. PLACE OF INJURY (Home, form, (City or lown) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour o.m. Not While 1966 to 10 21. I certify that (1) (this hospital) attended the deceased from. be retained and that death occurred at 45 P.M. from couses and on the date stated above. 196 DIRECTOR: saw the deceased alive on. 22b DATE SIGNED 220. SIGNATURE DIRECTOR director, page 3 should be filed v 22c. PHYSICIAN'S ADDRESS TO FUNERAL NAME (Type) NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL CREMATION REMOVAL (Specify) Greenmount E.U.B. Cemetery 5/18/67. Greenmount. Md. 250. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Leonard J. Ruck. Inc. Balto. Md. 21214

ATTENDING PHYSICIAN: The TO HOSPITAL Page 4 may b

within 24 hours after death

certificate be executed

requires that the deoth

eronidic: PERSONAL PROPERTY. Ten Million Still The state of the s million after el his on White a series (next) value is sold and different to Carlot I bring Mining was to be a series All property by the Control of the second of the control of the co THE RESIDENCE OF THE PARTY OF T